

EASTCASTLE PLACE BRADFORD TERRACE  
2429 E BRADFORD AVE

MILWAUKEE 53211 Phone:(414) 963-6151

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 40

Total Licensed Bed Capacity (12/31/04): 40

Number of Residents on 12/31/04: 26

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? No

Average Daily Census: 29

Non-Profit Corporation

Skilled

Yes

Yes

No

29

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		53.8	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		26.9	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	3.8	More Than 4 Years		19.2	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	7.7	65 - 74	11.5			-----	
Day Services	No	Mental Illness (Other)	0.0	75 - 84	26.9			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	38.5	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	19.2	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	3.8		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	19.2		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	3.8	65 & Over	96.2	-----			
Other Meals	No	Cerebrovascular	11.5		-----	RNs		10.7	
Transportation	No	Diabetes	3.8	Gender	%	LPNs		0.0	
Referral Service	No	Respiratory	7.7		-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	42.3	Male	26.9	Aides, & Orderlies			
Provide Day Programming for			-----	Female	73.1				
Mentally Ill	No		100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	No				100.0				

#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	326	0	0.0	0	0	0.0	0	20	100.0	216	0	0.0	0	1	100.0	225	26	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		0	0.0		0	0.0		20	100.0		0	0.0		1	100.0		26	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	1.4	Bathing	11.5	80.8	7.7	26
Private Home/With Home Health	2.7	Dressing	19.2	73.1	7.7	26
Other Nursing Homes	0.7	Transferring	30.8	61.5	7.7	26
Acute Care Hospitals	93.2	Toilet Use	38.5	53.8	7.7	26
Psych. Hosp.-MR/DD Facilities	0.0	Eating	76.9	11.5	11.5	26
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.1	Continence		%	Special Treatments	%
Total Number of Admissions	146	Indwelling Or External Catheter	11.5	Receiving Respiratory Care		15.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	34.6	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	14.2	Occ/Freq. Incontinent of Bowel	15.4	Receiving Suctioning		0.0
Private Home/With Home Health	36.8			Receiving Ostomy Care		3.8
Other Nursing Homes	5.8	Mobility		Receiving Tube Feeding		3.8
Acute Care Hospitals	18.1	Physically Restrained	0.0	Receiving Mechanically Altered Diets		34.6
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.6	Skin Care		Other Resident Characteristics		
Other Locations	14.8	With Pressure Sores	15.4	Have Advance Directives		92.3
Deaths	9.7	With Rashes	0.0	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		61.5
(Including Deaths)	155					

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: Under 50 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	72.5	87.4	0.83	83.3	0.87	87.3	0.83	88.8	0.82
Current Residents from In-County	100	86.8	1.15	64.2	1.56	85.8	1.16	77.4	1.29
Admissions from In-County, Still Residing	9.6	21.8	0.44	10.2	0.94	20.1	0.48	19.4	0.49
Admissions/Average Daily Census	503.4	159.1	3.16	341.9	1.47	173.5	2.90	146.5	3.44
Discharges/Average Daily Census	534.5	159.6	3.35	334.4	1.60	174.4	3.06	148.0	3.61
Discharges To Private Residence/Average Daily Census	272.4	63.2	4.31	163.1	1.67	70.3	3.87	66.9	4.07
Residents Receiving Skilled Care	100	96.1	1.04	92.6	1.08	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	96.2	96.5	1.00	90.7	1.06	90.7	1.06	87.9	1.09
Title 19 (Medicaid) Funded Residents	0.0	50.4	0.00	43.8	0.00	56.7	0.00	66.1	0.00
Private Pay Funded Residents	76.9	33.2	2.32	36.4	2.11	23.3	3.30	20.6	3.74
Developmentally Disabled Residents	0.0	0.5	0.00	0.0	.	0.9	0.00	6.0	0.00
Mentally Ill Residents	7.7	33.9	0.23	31.5	0.24	32.5	0.24	33.6	0.23
General Medical Service Residents	42.3	26.1	1.62	25.3	1.67	24.0	1.76	21.1	2.01
Impaired ADL (Mean)	37.7	51.2	0.74	54.8	0.69	51.7	0.73	49.4	0.76
Psychological Problems	61.5	62.3	0.99	54.9	1.12	56.2	1.10	57.7	1.07
Nursing Care Required (Mean)	9.1	7.1	1.29	9.0	1.02	7.7	1.18	7.4	1.23